

State of Maine Procurement Justification Form

This form must accompany ALL contract requests and sole source requisitions submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below.

PART I: OVERVIEW				
Department Office/Division/Program:	DHHS/OADS/DD&BI Services/Crisis Prevention & Intervention			
Department Contract Administrator or Grant Coordinator:	Nancy Tan/Debbie Weston			
(If applicable) Department Reference #:	ADS-21-9898			
Estimated Contract or Grant Amount:	\$114,370.00	Advantage CT / RQS #:	10A 20200302*2420	
CONTRACT	Proposed Start Date:	09/01/2020	Proposed End Date:	09/30/2021
AMENDMENT	Original Start Date:		New Start Date:	
	Original End Date:		New End Date:	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:	University of New Hampshire Concord, New Hampshire			
Brief Description of Goods/Services/Grant:	Consulting and Training			

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request.			
	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL QUESTIONS
Please respond to ALL of the following questions.
1. Provide a more detailed description of the goods, services or grant to supplement the response in Part I.
<p>The purpose of this Agreement is to provide individual case consultation services and START (Systemic, Therapeutic, Assessment, Resources, Treatment) training for the Office of Aging and Disability Services (OADS), Maine Department of Health and Human Services. START is a research-based model of services and supports for individuals with an intellectual/developmental disability (IDD) who also have a mental health (MH) diagnosis or behavioral health needs.</p> <p>The provided services will support the improvement of Maine's service delivery system for individuals with Intellectual and Developmental Disabilities (IDD) and co-occurring behavioral and/or mental health conditions.</p>

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PART III: SUPPLEMENTAL QUESTIONS

Consultation and training services shall be delivered statewide in Maine by remote video conferencing, on-line training and presentations, and on-site visits by Center for START Services (CSS) staff.

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

The Center for START Services was established in 2009 at the University of New Hampshire's Institute on Disability/UCED. Center for START Services program staff are leaders in the field of mental health & IDD that work with state/regional agencies across the country to facilitate the implementation of START model programs and provide expert training to many professional disciplines that serve individuals with MH/IDD.

Cited as a model program in the 2002 U.S. Surgeon General's Report on mental health disparities for persons with intellectual/developmental disabilities, START is a comprehensive model of service supports that optimizes independence, treatment, and community living for individuals with IDD and behavioral health needs.

In 2016, the START model was identified as best practice by the National Academy of Sciences Institute of Medicine.

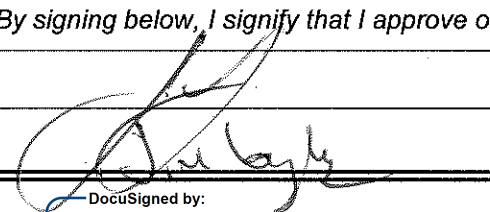
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The costs and rates are standard University of New Hampshire costs and rates applicable to all who utilize the services of the Center for START Services.

4. Describe the plan for future competition for the goods or services.

The Department does not intend to initiate a competitive process (RFP) for these services.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:		Date:	28-Aug-20
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i>		
Printed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	9/17/2020